



PATIENT

Archie Roberts

PRESENTING CLINICAL SIGNS

History: Non Clinical blood work done on annual exam. Suspect Cushings
Abnormal PE/Chem/CBC/UA Results: Mod elevation of ALP and protienuria

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Wheaton Terrier

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Bladder wall thickness measured 0.4 cm. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

SEX

Neutered male

AGE

11 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.09 cm. The left kidney measured 5.7 cm.

WEIGHT

25 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were enlarged, irregular and nodular measuring 1.7 x 1.67 cm on the right. The left adrenal gland was at the upper limits of normal and measured 0.58 cm at the caudal pole and 0.45 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Belan

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

HOSPITAL NAME

Willow Park AH

Liver

REFERRING VET

Dr. Keeler

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional, non-disruptive nodular changes were noted. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

31009

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Sublumbar lymph node was reactive and measured up to 0.65 cm.

ULTRASONOGRAPHIC FINDINGS

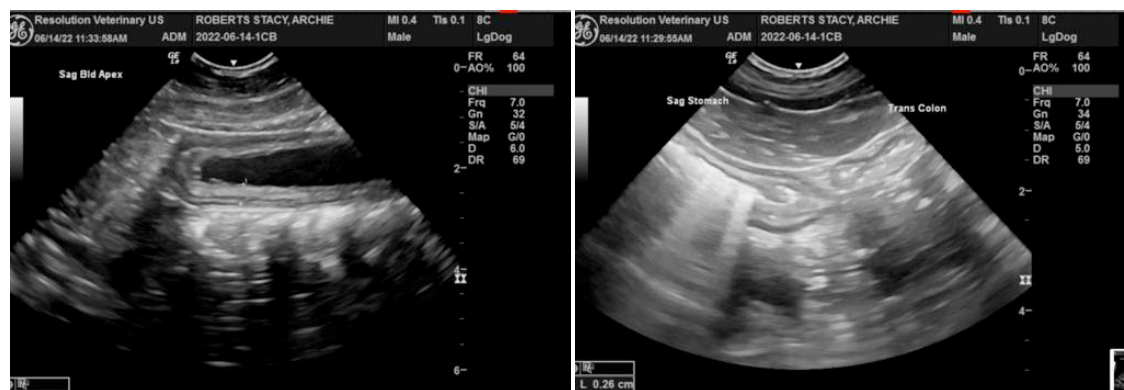
Nodular right adrenal gland.

Upper limits of normal on the left adrenal gland.

Nodular hyperplasia, vacuolar hepatopathy liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted. No capsular escape or vascular invasion was noted by the right adrenal gland. If the urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is warranted. If hypertension is an issue this could be related to Cushing's or pheochromocytoma. Differentials on the right adrenal gland include hyperplasia/adenoma, emerging carcinoma or pheochromocytoma is possible. Recheck sonogram is recommended in a month to assess for any progression.





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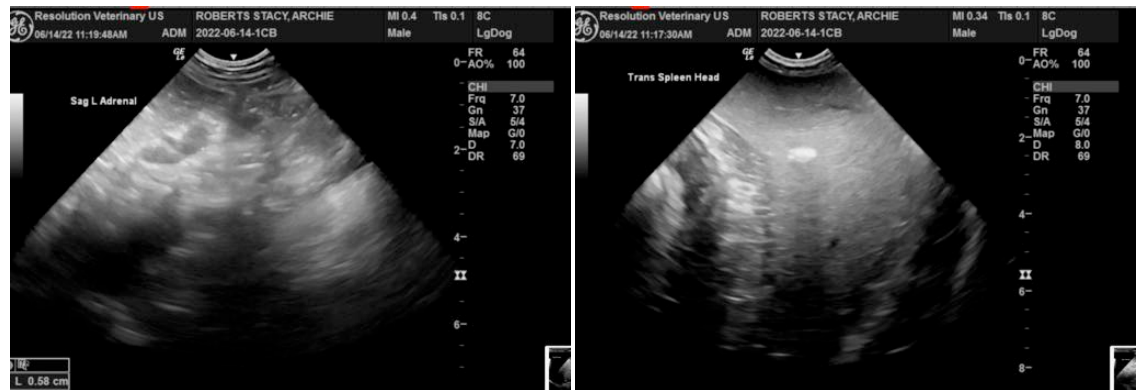
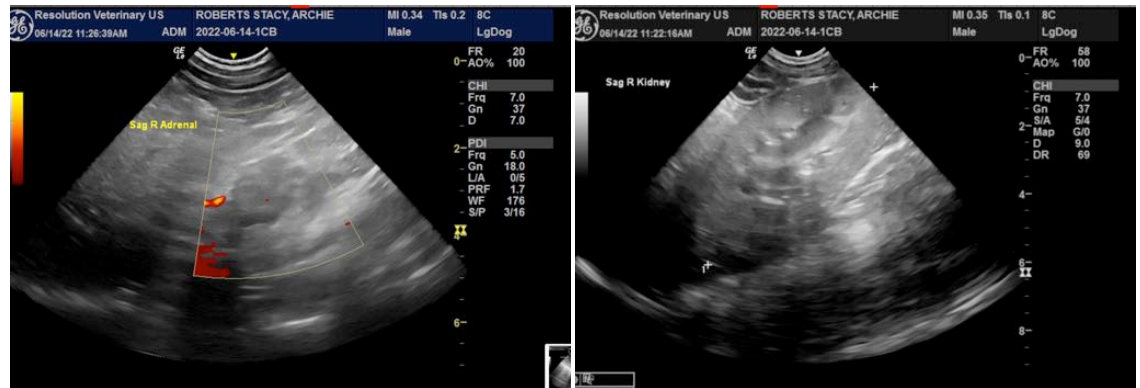
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.



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